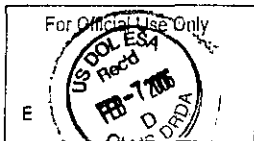


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13785</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2005</u> Through: <u>12 / 31 / 2005</u>
3. Name and address of person filing. Name <u>Charles J. Morello</u> P.O. Box, Bldg., Room No., if any <u>Suite 207</u> Street <u>111 Washington Avenue</u> City <u>Albany</u> State <u>New York</u> ZIP Code + 4 <u>12207</u>	4. Name, file number, and address of labor organization. Name <u>New York State Professional Fire Fighters Association</u> Labor Organization File Number <u>519080</u> P.O. Box, Building and Room Number, if any <u>Suite 207</u> Street <u>111 Washington Avenue</u> City <u>Albany</u> State <u>New York</u> ZIP Code + 4 <u>12207</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in, any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Charles J. Morello</u>	On <u>1/10/2006</u> <u>(518) 436-8827</u> Date Telephone Number

Name of Person Filing Charles Morello	File Number U-
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Part C Continuation Page

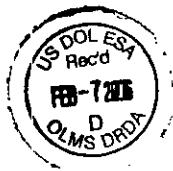
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name John Black Trade Name, if any: John Black, Attorney-at-Law P.O. Box, Bldg., Room No., if any Street 121 State Street City Albany State New York ZIP Code + 4 12207	14.a. Nature of payment. Dinner - 12/03/05
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. \$210.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name John Black Trade Name, if any: John Black, Attorney-at-Law P.O. Box, Bldg., Room No., if any Street 121 State Street City Albany State New York ZIP Code + 4 12207	14.a. Nature of payment. Christmas gift - 12/21/2005
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	14.b. Amount of payment. \$75.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

**HINMAN
STRAUB**
ATTORNEYS AT LAW

121 STATE STREET
ALBANY, NEW YORK 12207-1693
TEL: 518-436-0751
FAX: 518-436-4751
E-MAIL: RECEPTION@HSPM.COM



JOHN F. BLACK
E-MAIL: JOHNBLACK@HSPM.COM

January 23, 2006

U.S. Department of Labor
Office of Labor-Management Standards
Washington, D.C. 20210

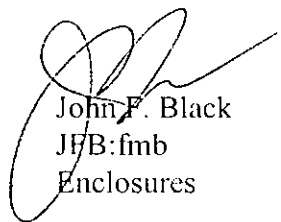
Re: New York State Professional Fire Fighters Association

Gentlemen:

Please find enclosed form LM-30 submitted on behalf of Charles Morello, Michael McManus, Dennis Sweeney and Samuel Fresina who are officers of the New York State Professional Fire Fighters Association.

If you have any questions regarding these forms, please contact me directly.

Very truly yours,


John F. Black
JFB:fmb
Enclosures